Form	9-331
(May	1963)

SHOOT OR ACIDIZE

REPAIR WELL

UNITED STATES SUBMIT IN TRIPLICATE® DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424.

GEOL	.OGICAL	SUF	₹VE	Y

5. LEASE DESIGNATION AND SERIAL NO.

SF	07845/9	-13
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(Do not use this form for prop	TICES AND REPORTS Cosals to drill or to deepen or plug becation for PERMIT—" for such pr	pen or plug back to a different reservoir.		
1.			7. UNIT AGREEMENT NA	ME
OIL GAS X OTHER			Allison Unit	•
2. NAME OF OPERATOR			8. FARM OR LEASE NAM	(E
EL PASO NATURAL GAS CO	MPANY		Allison Unit	,
3. ADDRESS OF OPERATOR			9. WELL NO.	
P. O. Box 990, Farming	ton, New Mexico		16	
4. LOCATION OF WELL (Report location See also space 17 below.) At surface		State requirements.*	N. Lospinos	R WILDCAT Dakota, Blanco
880'W, 1800'N 890 ,	ls 1800 /l		11. SEC., T., B., M., OR I SURVEY OR AREA Sec. 15, T32N R7W, NMPM	Mesa Verde
14. PERMIT NO.	15. ELEVATIONS (Show whether DF	RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	6855 Gl.		San Juan	NM
16. Check A	Appropriate Box To Indicate N	ature of Notice, Report, or	Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
TEST WATER SHUT-OFF	PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING T	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Perforated 10 holes in Dakota tubing from 8369' to 8372'. 10/9/72

ABANDON*

CHANGE PLANS



SHOOTING OR ACIDIZING

(Other) Tubing perforations

061181672

U. S. Challette Car Garage DUKANEO, COLO.



ABANDONMENT*

18. I hereby certify that the foregoing is true and correct SIGNED R. E. Fielder	TITLE _	Production Engineer	DATE	10/12/72
(This space for Federal or State office use)				
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE _		DATE	

*See Instructions on Reverse Side